

Hawaii Volcanoes Soundscape Audio Recording Evaluation

2007

ID: _____

Location: _____

Date: _____

Time: _____AM / PM

Version: Air Ground

A. Trip Description

- 1. How many people are in your personal group (family/friends) today?**

Group size: _____

- 2. Is your personal group part of a commercial tour in the park today? (Check one.)**

☐ Yes

☐ No

- 3. Have you ever visited Hawaii Volcanoes National Park before? (Check one.)**

☐ Yes (CONTINUE TO QUESTION 4)

☐ No (SKIP TO QUESTION 5)

- 4. Approximately how many times have you visited Hawaii Volcanoes National Park before today?**

Approximate number of visits: _____ **OR** Don't know/Not sure

5. Please rate the importance of each of the following reasons for your visit to Hawaii Volcanoes National Park today. (Check one box for each item.)

	Not at all important	Somewhat important	Very important
a. Seeing the active lava flows on the Chain of Crater Roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Seeing the summit caldera of Kilauea volcano	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Enjoying peace and quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Being with family/friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Learning about nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Learning about Hawaiian culture and history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Experiencing solitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Appreciating the natural scenery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Hearing the sounds of nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Getting exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Hiking on Wilderness trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Seeing the Thurston Lava Tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Which of the following places in the park have you visited or plan to visit today? (Check all that apply.)

	Have Visited	Plan to Visit
Kilauea Visitor Center		
Jaggar Museum		
Kilauea Caldera/Halemaumau		
Chain of Craters Road		
Active Lava Surface Flow		
Thurston Lava Tube		
Other (please specify):		
Other (please specify):		
Other (please specify):		

**FOR THE NEXT SET OF QUESTIONS, PLEASE ASK THE SURVEY ATTENDANT
FOR ASSISTANCE.**

B. The Park Soundscape

7. We would like you to listen to several short recordings of sounds from Hawaii Volcanoes National Park. Please rate each recording by indicating how acceptable you would find the sounds heard in the audio clip while visiting this area of the park. (Circle one number for each recording.)

Very Unacceptable	Recording 1								Very Acceptable
-4	-3	-2	-1	0	+1	+2	+3	+4	

- A. Briefly describe any sounds in Recording 1 you found pleasing.

OR ☐ I did not find any of the sounds in Recording 1 to be pleasing.

- B. Briefly describe any sounds in Recording 1 you found annoying.

OR ☐ I did not find any of the sounds in Recording 1 to be annoying.

PRESS PLAY AND RESUME YOUR LISTENING SESSION.

Very Unacceptable		Recording 2								Very Acceptable	
-4	-3	-2	-1	0	+1	+2	+3	+4			

A. Briefly describe any sounds in Recording 2 you found pleasing.

OR ☐ I did not find any of the sounds in Recording 2 to be pleasing.

B. Briefly describe any sounds in Recording 2 you found annoying.

OR ☐ I did not find any of the sounds in Recording 2 to be annoying.

ADVANCE YOUR PLAYER AND RESUME YOUR LISTENING SESSION.

Very Unacceptable		Recording 3								Very Acceptable	
-4	-3	-2	-1	0	+1	+2	+3	+4			

A. Briefly describe any sounds in Recording 3 you found pleasing.

OR ☐ I did not find any of the sounds in Recording 3 to be pleasing.

B. Briefly describe any sounds in Recording 3 you found annoying.

OR ☐ I did not find any of the sounds in Recording 3 to be annoying.

ADVANCE YOUR PLAYER AND RESUME YOUR LISTENING SESSION.

Very Unacceptable		Recording 4								Very Acceptable	
-4	-3	-2	-1	0	+1	+2	+3	+4			

A. Briefly describe any sounds in Recording 4 you found pleasing.

OR ☐ I did not find any of the sounds in Recording 4 to be pleasing.

B. Briefly describe any sounds in Recording 4 you found annoying.

OR ☐ I did not find any of the sounds in Recording 4 to be annoying.

ADVANCE YOUR PLAYER AND RESUME YOUR LISTENING SESSION.

Very Unacceptable		Recording 5								Very Acceptable	
-4	-3	-2	-1	0	+1	+2	+3	+4			

A. Briefly describe any sounds in Recording 5 you found pleasing.

OR ☐ I did not find any of the sounds in Recording 5 to be pleasing.

B. Briefly describe any sounds in Recording 5 you found annoying.

OR ☐ I did not find any of the sounds in Recording 5 to be annoying.

**YOU HAVE COMPLETED THIS PORTION OF YOUR LISTENING SESSION.
CONTINUE TO THE NEXT PAGE.**

8. Which of the five recordings you just heard sounds most like what you heard while visiting this area of the park today? (Check one.)

- ☐ Recording 1
☐ Recording 2
☐ Recording 3
☐ Recording 4
☐ Recording 5

**For the next question,
please ask the survey attendant for assistance.**

9. We would like to know how often you think it would be acceptable to hear a helicopter air tour during your visit to this area of the park. To help judge this, please listen to a short recording of a helicopter air tour and then rate the acceptability of each of the following scenarios based on how frequently you would hear the sounds in the recording. (Circle one number for each scenario.)

Hear the helicopter sounds once...	Very Unacceptable					Very Acceptable				
Every 5 minutes	-4	-3	-2	-1	0	+1	+2	+3	+4	
Every 15 minutes	-4	-3	-2	-1	0	+1	+2	+3	+4	
Every 30 minutes	-4	-3	-2	-1	0	+1	+2	+3	+4	
Every 60 minutes	-4	-3	-2	-1	0	+1	+2	+3	+4	
Never hear the sounds	-4	-3	-2	-1	0	+1	+2	+3	+4	

- 10. Did you hear any aircraft while you were in this area of the park today? (Check one.)**
- ☐ Yes (CONTINUE TO QUESTION 11)
 - ☐ No (SKIP TO QUESTION 12)
- 11. Please indicate how pleasing or annoying you found the sounds of aircraft you heard while you were in this area of the park today. (Check one.)**
- ☐ Very pleasing
 - ☐ Somewhat pleasing
 - ☐ Neutral
 - ☐ Somewhat annoying
 - ☐ Very annoying
- 12. Have you ever taken a scenic air tour over Hawaii Volcanoes National Park or any other national park? (Check all that apply.)**
- ☐ Yes, I have taken a scenic air tour over Hawaii Volcanoes National Park
 - ☐ Yes, I have taken a scenic air tour over another national park
 - ☐ No, I have never taken a scenic air tour over a national park
- 13. If given the opportunity to take a scenic air tour over Hawaii Volcanoes National Park, would you do so even if park visitors could hear the aircraft during their visit? (Check one.)**
- ☐ Yes
 - ☐ No
 - ☐ Don't know/not sure

- 14. Please indicate the extent to which you would support or oppose each of the following potential management actions at Hawaii Volcanoes National Park. (Please check one box for each item.)**

	Strongly Support	Support	Neither Support nor Oppose	Oppose	Strongly Oppose	Don't Know/ Not Sure
Reduce the number of scenic air tours allowed to fly over the park.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
Maintain the number of scenic air tours allowed to fly over the park at the current level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
Increase the number of scenic air tours allowed to fly over the park.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
Require scenic air tours to be flown over the park only during specially designated dates and times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
Require scenic air tours to use designated flight paths over limited areas of the park.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK
Prohibit scenic air tours from flying over the park.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DK

C. Background Information

15. What is your gender? (Check one.)

Male

Female

16. In what year were you born?

Year born: _____

17. Do you live in the United States? (Check one.)

Yes (What is your zip code? _____)

No (What country do you live in? _____)

18. What is the highest level of formal education you have completed? (Check one.)

Some high school

High school graduate or GED

Some college, business or trade school

College, business or trade school graduate

Some graduate school

Master's, doctoral or professional degree

19. Are you Hispanic or Latino? (Check one.)

Yes

No

20. What is your race? (Check all that apply.)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian

Pacific Islander other than Native Hawaiian

☐ White

Thank you for your help with this survey!
Please return the completed questionnaire to the survey administrator.

PRIVACY ACT and PAPERWORK REDUCTION ACT statement: 16 U.S.C. 1a-7 authorizes collection of this information. This information will be used by park managers to better serve the public. Response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. The permanent data will be anonymous. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. BURDEN ESTIMATE statement: Public reporting burden for this form is estimated to average 15 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to

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